

<b>Case Number:</b>	CM15-0145433		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	12/14/1998
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old male with an industrial injury dated 12-14-1998. The injured worker's diagnoses include major depression disorder with suicidal ideations and psychotic features, post-traumatic stress disorder, and psychological factors affecting medical condition. Treatment consisted of prescribed medications, psychotherapy and periodic follow up visits. In a progress note dated 06-01-2015, the injured worker reported that he continues to feel significant emotional turmoil secondary to ongoing chronic pain. The injured worker reported receiving an injection to lower back which slightly helped the pain. The injured worker also reported feelings of hopelessness and discouragement secondary to the unauthorized pain medication. The treating physician reported that the cognitive behavioral therapy in Spanish continues to be helpful and that the injured worker is able to identify negative pessimistic thoughts that increase depression and psychological turmoil. The treating physician prescribed services for 24 cognitive behavioral therapy sessions and unknown home care assistance (HCA), now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**24 cognitive behavioral therapy sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy for Chronic Pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress/ CBT.

**Decision rationale:** According to MTUS guidelines on CBT indicate that CBT is appropriate for certain patients. Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Based on my review of the records continued treatment with CBT is appropriate given efficacy of initial treatment, however the requested duration of 24 sessions exceeds both MTUS and ODG guidelines, therefore a shorter trial duration should be attempted before scheduling 24 sessions in its entirety. The request is not medically necessary.

**Unknown HCA Home care assistance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual Chapter 7 - Home Health Services, section 50.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

**Decision rationale:** According to the cited guidelines a home care assistant is appropriate when the patient is home bound, Included in the criteria is patients who are confined to the home and there is a normal inability to leave the home, the services are prescribed by the attending physician as part of a written plan of care, services are periodically reviewed by a physician, and there is a need for a skilled nurse. From my review of the records, I did not find clear indication that the patient is confined to his home due to the industrial injury and requires skilled nursing in order to leave the home. Therefore, based on the cited guidelines and provided medical records the requested service is not medically necessary or appropriate at this time.